

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**JOSE TRESPALACIOS**

Mailing Address 4995 NW 72ND AVE

City	State	Zip Code
MIAMI	FL	33166-5643

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MADISON ADMINISTRATIVE SERVICES**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.170714**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**B. Full Name (Last, First, Middle Initial)**

**MS. BARBARA TRIBBLE**

Mailing Address 1 CALLAVANCE CT

City	State	Zip Code
SAVANNAH	GA	31411-2888

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.157504**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

**MR. LORENZO TRIMBLE**

Mailing Address 6116 EMERALD HILLS LN

City	State	Zip Code
KNOXVILLE	TN	37912-2555

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.158594**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page (optional)**.....

2100.00

**Total This Period (last page this line number only)**.....